

Meeting with WHO: The jigsaw pieces assemble

Momentum to address the resurgent problem of malaria has been growing at a remarkable pace over the past few years. Strong international commitment has developed, and action has been taking place in a range of different sectors: in ministries of health in malaria-endemic countries, research institutes internationally, agencies funding research and disease control activities, organizations concerned with health and economic development, and the private sector.

A series of different initiatives have emerged, each of these aiming to develop a more coherent approach to efforts that have previously been too fragmented to achieve a strong and sustainable impact. The Multilateral Initiative on Malaria (MIM) is one of these initiatives: its principal objective being to encourage and facilitate global collaboration and co-ordination in order to maximise the effectiveness of international scientific research efforts. It also aims to increase the overall level of international research activity, and is particularly concerned with capacity building in Africa and ensuring that the fruits of research actually have an impact on mortality and suffering. One of the outcomes of this initiative has been an unprecedented level of interaction between research funding organisations internationally, an effect that will surely bring benefits to other research areas. Another important outcome has been increased dialogue between organisations funding research and those supporting control programmes.

Developments have also taken place in the disease control arena. In 1996, discussions between the WHO Regional Office for Africa (AFRO) and the World Bank were initiated, leading to plans for a malaria control programme to be targeted at malarious areas across the African continent where the major global burden of disease rests. Most significant of all, Dr Gro Harlem Brundtland, the new Director General of WHO, has recognised not only the impact of the escalating mortality from malaria, but also the huge momentum for action that has developed internationally to address this problem. In her acceptance speech in May 1998, Dr Brundtland announced a major new programme to 'Roll Back Malaria', and since taking up office in July, she has been working to put in place the plans to implement this programme. In reflection of WHO's remit, Roll Back Malaria (RBM) will be global, aiming to add value to and co-ordinate all major efforts against malaria. Further details of these, and other initiatives, are reported in the recent article by Nabarro & Tayler (Science: 280, 2067-2068, 1998).

So how do these initiatives relate to each other? In recent months, the picture has become increasingly complete as the different areas of activity fall into place. It is now emerging that the RBM project will be spearheaded in Africa where it will complement and integrate with the African Initiative on Malaria. All partners involved recognise the need to work together for maximal effect, and to bring to the project their respective expertise.

In early August of this year, discussions took place in Geneva between Dr Brundtland, Dr Tore Godal (the acting Project Manager of RBM), and Dr Robert Howells and Dr Catherine Davies of the Wellcome Trust in its role as the coordinator of MIM. The purpose of these discussions was to clarify and strengthen links between RBM and MIM. Recognising the critical importance of full integration of research and control efforts for a successful campaign against malaria, Dr Brundtland expressed a commitment to work in collaboration with MIM as the focus of international malaria research activities. Malaria is complex, taking on different guises in different locations. Further research is required not only to generate knowledge for optimising the application of existing tools, but also to increase our armamentarium against malaria. Over-reliance on one or two tools is a mistake of previous campaigns that should be avoided if possible. The full repertoire of research funded internationally from diverse sources must therefore be brought to bear in planning and implementing new control programmes.

Within WHO, RBM is being structured so as to draw together all relevant activities into a unified approach, breaking down any previous barriers between divisions, programmes and offices. The opening of dialogues between scientists and implementers is a theme that features strongly in the objectives of the MIM African Malaria Conference (see below). WHO has responded enthusiastically to the opportunities offered by the Conference in facilitating uptake of research results into policy and practice, and promoting research that will provide the knowledge for evidence based planning of control programmes. It is intended that these dialogues will be part of a growing iterative process that will extend well beyond the Conference itself. Recognising the complementarity of RBM and MIM, and in order to streamline meetings activities, it has been agreed that the African Malaria Conference should be a collaborative venture between MIM and RBM.

The magnitude of global attention focused on malaria from agencies of all kinds, including the priority given by WHO, is the greatest to tackle this disease since the eradication era of the 1950s. It is hoped that over the next few years, the various organisations internationally will capitalise fully on this remarkable foundation, by working together according to a cohesive broad plan to achieve a significant and lasting impact on the burden of disease from malaria. It is also hoped that the model developed for MIM will be applied more generally to promote greater international collaboration to tackle other major diseases of the tropics.